

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

1098

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl #4
SAPC 22910
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				17,082.87	
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		17,082.87	
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
STATINTL (Sign original only)				Differences _____			
Date 12/20/57 *Payee _____ (Signature not required when a like certificate is made by payee on attached bill or bills)				Amount verified; correct for _____ (Signature or initials) <i>[Signature]</i>			
Per _____ Title _____				Invoice Rec'd. <i>[Signature]</i>			
Contract No. 1161 Date _____ Req. No. _____				Date _____			

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given in the space provided for the signature of the payee. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

Sheet No. 1 of Bureau Voucher No. 1098

(Department, bureau, or establishment)

U. S. GOVERNMENT PRINTING OFFICE 16-62885-3

Public Voucher for Purchases and
Services Other Than Personal

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MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 2 of Bureau Voucher No. 1098

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
TICKET INVOICE CR MEMO	CHECK #	PAYEE OR VENDOR NO.					
1689	12117	64	457.68			457.68	
JV 117060		23.76					
JV 117040		829.94					
		<u>853.70</u>				853.70	
		TOTAL				\$ 1,311.38	

BAICH
 NO DATE
 13 12 06 7

TICKET
 INVOICE
 CR MEMO

CHECK
 NO
 12097

PAYEE NAME
 OR
 VENDOR NO
 1620

TR
 CODE
 50

COST
 CNTR
 252510

ACCT
 12501

MJO
 5027

DATE 12/08/57
 SO
 1

DISR AMT
 298.50
 298.50 *

298.50 **
 298.50 ***

Continued

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010033-9

BATCH NO	DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 12/15/57	SO	W O	DISTR AMT	
17	12	10	7	DM-1260	12277	1608	50	252000	12501	5062	84	1	27.00-
23	12	12	7	8974801	12277	1608	50	252520	12501	5062	84	1	130.85
27	12	13	7	8974802	1038	1608	50	252520	12501	5062	84	1	186.93
					1098								332.32
													650.10 *

130.85
186.93
332.32
650.10 *
623.10 **
623.10 ***

27.00-
27.00-

Sheet #2

Continued

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010033-9

BATCH NO DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE 11/30/57 SO W O	DISTR AMT
39 11 26 7	80	11277	352	50	252130	12501	5076	05 1	4.00 4.00 *
42 11 27 7	2801	12067	1131	50	252520	12501	5076	05 1	26.80 82.09
99 11 29 7	9063			58	252520	12501	5076	05 1	108.89 *
									112.89 **
40 11 27 7	8009173	11297	233	50	252520	12501	5076	11 1	17.00
40 11 27 7	8009173	11297	233	51	252520	12501	5076	11 1	.09-
42 11 27 7	2801	12067	1131	50	252520	12501	5076	11 1	26.80 43.71 *

43.71 **

156.60 ***

Continued

BATCH NO	DATE	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	IR CODE	COST CNTR	ACCT	MJO	DATE	DISFR AMT
09	12 05 7	1429	12097	1429	50	252520	12501	5076	05 1	176.00
09	12 05 7	1429	12097	1429	51	252520	12501	5076	05 1	1.76-
										174.24 *
										174.24 **
										174.24 ***

Continued

FORM NO. 1127
 TICKET
 BATCH NO DATE INVOICE CR MEMO CHECK NO PAYEE NAME OR VENDOR NO TR CODE COST CNTR ACCT MJO DATE 12/08/57 SO W O DISTR AMT

01 12 02 7 24378 12237 87 50 254000 12501 5077 16 1 420.00 *
 420.00 **
 420.00 ***

Continued

Sheet 5

TICKET INVOICE CHECK PAYEE NAME TR COST ACCT MJO DATE 11/30/57
 BATCH NO DATE CR MEMO NO VENDOR NO CODE CNTR DATE 11/30/57
 99 11 29 7 13095 16292 58 252520 12501 5092 04 1 410.00
 37 11 25 7 5-17095 11277 184 50 252520 12501 5092 06 1 150.00
 37 11 25 7 5-17095 11277 184 51 252520 12501 5092 06 1 3.00-
 147.00 *

410.00 **

147.00 **

557.00 ***

598.50

623.10

156.60

174.34

430.00

5,339.44